



UTAH COUNTY ACADEMY OF SCIENCES

IE Form C – Field Trip Permission Form

MEDICAL RELEASE AND PARENT APPROVAL – OFF CAMPUS ACTIVITY

During the course of our school program it is sometimes necessary for our students to travel away from our campus to participate in school related events or activities. It is necessary that we obtain your approval for your student to participate in these off-campus programs. The teacher or school cannot assume responsibility for your student beyond the normal supervision of the advisor in these events. Each of these activities, however, is under supervision of an assigned advisor.

If you approve of your student(s) participating in the event listed below, please sign this form and return to the advisor.

Activity Rules: Follow the instructor, bus driver, or supervisor's directions. Behave in an appropriate way as defined by the UCAS Student Handbook.

Activity _____

Date _____ Time _____ Destination _____

Transportation: _____

Principal's Signature

Advisor's Signature

I have carefully read and I understand the contents of the before mentioned activity. I recognize that there are specific rules governing my child or ward's behavior in this activity and that violation of these rules may result in their not being allowed to continue in this activity. I acknowledge that I have discussed these rules with him or her and that he or she is willing to abide by the rules. I approve my student, _____'s participation in the above event. I hereby authorize the adult supervisor responsible for my student on this field trip to secure medical help if necessary. Permission is hereby granted to any licensed physician to take whatever action deemed necessary in the interest of the health and well-being of my child.

Parent Name

Parent Signature

Date

Emergency Contact Number(s)

Initial here if you would like to purchase a school lunch for the day of the field trip _____.

We will be taking photos on the field trip. Please initial here if you do NOT want your child's photo posted on Social Media _____.